

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10825240 FILING DATE _____
 APPLICANT(S) _____

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
		IND	DEP	IND	DEP	IND	DEP		
1								51	
2								52	
3								53	
4								54	
5								55	
6								56	
7								57	
8								58	
9								59	
10								60	
11								61	
12								62	
13								63	
14								64	
15								65	
16								66	
17								67	
18								68	
19								69	
20								70	
21								71	
22								72	
23								73	
24								74	
25								75	
26								76	
27								77	
28								78	
29								79	
30								80	
31								81	
32								82	
33								83	
34								84	
35								85	
36								86	
37								87	
38								88	
39								89	
40								90	
41								91	
42								92	
43								93	
44								94	
45								95	
46								96	
47								97	
48								98	
49								99	
50								100	
TOTAL IND.								TOTAL IND.	
TOTAL DEP.	12			7				TOTAL DEP.	
TOTAL CLAIMS	13			8				TOTAL CLAIMS	